

Town of Mendon Taxation Aid Fund Guidelines and Application FY2019

The fund was established to provide tax assistance for elderly and/or disabled Mendon residents who are homeowners with limited income and assets.

A. ELIGIBILITY

- “Elderly” is here defined as a person who is at least 60 on or before July 1, 2018.
- “Disabled” is defined, for the purposes of this application, as a person who is not able to work. The applicant could be receiving SSI, welfare, or retirement income, or may have suffered a loss of income due to illness or accident.
- An applicant must be the titled owner of the property or hold a life estate in the property. If title is held by a trust, the applicant must be both a trustee and a 50 percent beneficiary of the trust in order to qualify. These conditions apply to elderly or disabled applicants.
- Applicants must have lived in Mendon and held title to the taxed property for 5 or more years at the time of the application.
- Income shall include all income such as pensions, interest from savings accounts, IRA’s, stocks or bonds, etc. Total income limits: Single \$35,000, Couple \$45,000
- Assets, which include stocks, bonds, CDs, IRAs, Annuities, and any tangible liquid asset, will be considered in determining eligibility and aid amount.
- Extraordinary circumstances (e.g., an unusual expense) will be considered in the committee’s deliberations and the decision process. This will provide the committee with flexibility to address unforeseen situations.

B. APPLICATION PROCESS

- Tax aid grants will be awarded annually.
- Applications for FY19 will be **due by January 7, 2019**.

- The application form is available in the Town Treasurer's office, the Assessor's office, the Mendon Senior Center, the Taft Public Library, or online at the Mendon website: <http://www.mendonma.gov/taxation-aid-committee>, or by calling the Treasurer's Office at 508-634-2413 on a CONFIDENTIAL basis.
- Your 2017 Federal income tax submission must accompany this application, if you are required to file.
- All information supplied to the committee will be held in the strictest confidence.

C. DISTRIBUTION OF FUNDS

- Funds will be disbursed, based on need, as determined by the committee. Since the funds are replenished annually through voluntary contributions, the amount disbursed will vary from year to year.
- The taxation aid grant will be deducted from your real estate tax bill and will not exceed the real estate tax liability.
- Notification of committee's decisions will be mailed to all applicants by January 14, 2019.
- Town residents are invited to contact any member of the committee for clarification of the guidelines or for any related questions:
 - Alejna Brugos, Committee Chair, resident member: 508-473-8197
 - Joyce Gilmore, resident member: 508-344-8210
 - Kathleen Nicholson, resident member: 774-573-8182
 - Ken O'Brien, Board of Assessors Chair: 508-566-7606
 - Jenn Welch, Treasurer, Town of Mendon: 508-634-2413

Please return application to: Town of Mendon
 Treasurer's Office
 20 Main Street
 Mendon, MA 01756

Town of Mendon, MA
Elderly and Disabled Taxation Aid Fund
Application 2019 Fiscal Year

CONFIDENTIAL

Owner(s) of Record

Name: _____ Age: _____ Disabled? Yes No

Name: _____ Age: _____ Disabled? Yes No

Phone # _____ Email _____

Other adult residents in household, if any:

Name: _____ Age _____ Relationship _____

Name: _____ Age _____ Relationship _____

Comments:

Property Address: _____ **Year bought:** _____

Someone from the Committee may contact you if there are any questions.

Financial Resources and Expense (continued on 2nd page)

<u>Assets</u>	Amount	Comments
Savings accounts	\$ _____	_____
CDs	\$ _____	_____
IRAs	\$ _____	_____
Stocks, bonds, mutual funds	\$ _____	_____
Other real estate	\$ _____	_____
Other assets (please specify)	\$ _____	_____

<u>Income</u>	<u>Monthly</u>	<u>Annual</u>
Wages or Salary	\$ _____	\$ _____
Business Income	\$ _____	\$ _____
Pension	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Disability	\$ _____	\$ _____
Interest/Dividends	\$ _____	\$ _____
Retirement Fund Distributions	\$ _____	\$ _____
Other income	\$ _____	\$ _____

<u>Assistance</u>		
Fuel Assistance	\$ _____	\$ _____
SNAP (Food stamps)	\$ _____	\$ _____
Clause 17D or 41C (circle which)	\$ _____	\$ _____
Tax Deferral	\$ _____	\$ _____
Senior Work-Off Program	\$ _____	\$ _____
Circuit Breaker Credit	\$ _____	\$ _____
Veteran's Exemption	\$ _____	\$ _____
Other Assistance (e.g. Family)	\$ _____	\$ _____

Total Annual Income and Assistance \$ _____

<u>Expenses</u>		
Property Taxes	\$ _____	\$ _____
Mortgage	\$ _____	\$ _____
Utilities (Heat, power, phone)	\$ _____	\$ _____
Home & Car insurance	\$ _____	\$ _____
Medical insurance	\$ _____	\$ _____
Prescriptions	\$ _____	\$ _____
Other (please specify)	\$ _____	\$ _____
Total Annual Expenses		\$ _____

Unexpected expenses:

Signature(s) _____ **Date** _____
 _____ **Date** _____

Please attach a copy of your Federal income tax return, and any additional information you would like the Committee to consider.